



Texas Emissions Reduction Plan

Reimbursement Forms

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INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR GRANT

Use the attached forms to request reimbursement for eligible expenses. Before filing a Request for Reimbursement, you must have completed at least one grant Activity in the Contract. You must have paid the project expenses unless you are asking the TCEQ to make the payment directly to the company that supplied the equipment/services or to the financing company that paid for them. You must submit documentation of the expenses with your request. The documentation requirements are located in your Contract in the General Conditions Request for Reimbursement section. The same person who signed the contract must sign the Request for Reimbursement Form, or a person so authorized on page 4 of the original application. The forms submitted must contain original signatures.

HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT

- 1) Fill out Form 1 Request for Reimbursement
 - A. PAYMENTS TO YOU: If you paid for the project costs from your own business, then payment may go directly to you. On Form 1 you will complete ONLY Boxes 1, 2, 3, and 5. In Box 2 put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. You must sign the Certification Statement on the form. If this is a **final request**, then sign the Release of Claims section.
 - B. PAYMENTS TO VENDOR OR FINANCE COMPANY (Assignments): If you want the payment to go directly to the vendor or financing company, then you must complete all the information requested on Form 1. In Box 2 put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. Complete Boxes 3, 5 and 7. A representative of the company you want the payment to go to must complete Boxes 4 and 6. Both of you complete and sign the Notice of Assignment section. You must sign the Certification Statement on the form. If this is a final request, sign the Release of Claims section too. You must complete the Form AP-152 too. (Note: You may use payment assignments with short-term or long-term regular financing arrangements. You may not use payment assignments to prepay leasing arrangements.)
- 2) Fill out a Detaiedl Expense Summary Form for each Activity that you are requesting a payment for. Use this form to calculate the payment you are eligible to receive for the activity.

There is a Detailed Expense Summary Form for each type of Activity (i.e., Form 2c Retrofit, Form 2d New Purchase, etc.). Each form requires an Activity number. The Activity numbers are in your Contract on the Approved Application Summary page.

Fill out the Detail Expense Summary for each activity using the instructions on the form. Sample forms are included for reference. <u>Attach the required documentation</u> behind each form. REMEMBER - WE CANNOT PROCESS A PAYMENT UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION.

3) Mail the completed forms and the <u>required</u> <u>documentation</u> to the address below. Forms must have original signatures where required.

MAILING INSTRUCTIONS

It is <u>VERY IMPORTANT</u> that all of the information listed below be included on your mailing label to ensure the Request goes to the correct office.

Mail or deliver the request to:

Standard Mail

Texas Commission on Environmental Quality Air Quality Division Implementation Grants Section, MC-204 P.O. Box 13087 Austin, TX 78711-3087 **Express Delivery**

Texas Commission on Environmental Quality Air Quality Division Implementation Grants Section, MC-204 12100 Park 35 Circle Austin, TX 78753

These forms and instructions are available on the TERP website <www.terpgrants.org>.

Texas Commission on Environmental Quality

Texas Emission Reduction Plan (TERP)

FORM 1: Request for Reimbursement

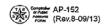
TCEQ Contract Number	1. Final Request	2. Total Amount Requested	Total Grant Award					
	Yes No							
3. GRANTEE / Grant Recipio (Name and address, including ZIP code for			Receiving Payment (If applicable) cluding ZIP code for payment)					
, , , , , , , , , , , , , , , , , , , ,	, , ,	,						
5. Grant Recipient Identification Number	(SSN or FEI #)	6. Assignee Federal Emplo	yer Identification Number (FEI #)					
7.4		1 (l luna l lua					
7. Are the requested payment To assign payment, complete the Notice of Assign			YES NO e signed by both the grant recipient					
and the assignee (business receiving payment).								
	NOTICE OF AS	SIGNMENT						
	by this docur	nont horoby provide notice to	y the Toyas Commission on					
Person Authorized in Grant Application		nent hereby provide notice to						
Environmental Quality (TCEQ) of the assignn	nent to the	Legal Name of Business Receivng Pa	(Assignee) of the					
payments not to exceed \$	(thousand	hundred					
dollars and cents) for reiml	bursement of the eligible	e costs of purchases from the As	signee under the					
contract executed between	Grantee (Name on	Grant Contract)	and the TCEQ for award of					
an Emissions Reduction Incentive or Rebate	,	*	ursement forms and other					
reporting forms, please forward the paymer	nts to the Assignee.							
GRANT RECIPIENT		ASSIGNEE (Bu	siness Receiving Payment)					
Signature	Date	Signature	Date					
Printed Name and Title of Person Authorized	d in Grant Application	Printed Name and Ti	tle of Authorized Representative					
	CERTIFICATION	STATEMENT						
I certify to the best of my knowledge and be	lief that the data on tl	nis request, including the data	provided in the attached Detailed					
Expense Summaries, are correct and comple	ete, and that all outlay	s and unliquidated obligations	s are for the purposes set forth in					
the award document.								
Grant Recipient Signature:		Date:						
		Telephone Number:						
Printed Name and Title of Person Authorized in o		CLAINAC						
(If this is the	RELEASE O	ment, sign the release of claims below.)						
·	·		I claims against the TCEQ and					
Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.								
(SIGN THIS SECTION IF	THIS IS THE FINAL PAYN	IENT REQUEST AND BOX 1 IS CH	IECKED YES)					
Grant Recipient Signature:								
		D. L.						
		Date:						

Texas Commission on Environmental Quality

Texas Emissions Reduction Plan (TERP)

SAMPLE FORM 1: Request for Reimbursement

TCEQ Contract Number:	1. F	inal Rec	uest	2. Total Amount Requested	Total Grant Award			
582-11-XXXXX-XXXX	Yes	X No		\$ 145,000.00	\$ 150,000.00			
3. GRANTEE / Grant Recipie (Name and address, including ZIP code for		t)	4. ASSIGNEE / Business Receiving Payment (If applicable) (Name and address, including ZIP code for payment)					
Name as It Appears on Grant			Legal Name of Business Receiving Payment					
Attn:				Attn: Person Authorized to Re	- '			
Grantee's Mailing Address as in Applica	ition			Address Where Payment is to	be Mailed			
City, State Zip				City, State Zip				
5. Grant Recipient Identification Number	(SSN or	FEI #)		6. Assignee Federal Employer Id	dentification Number (FEI #)			
Same Number Used in Appl	icatio	n		Business Receiving	g Payment FEI #			
7. Are the requested payment					X YES NO			
To assign payment, complete the Notice of Assign	gnmen	t section	below.	. The Notice of Assignment must be si g	gned by both the grant recipient			
and the assignee (business receiving payment).								
		NOT	ICE OF	ASSIGNMENT				
I, Name, Title Person Authorized in Grant Application		, by this	docum	ent hereby provide notice to the Texa	s Commission on			
Environmental Quality (TCEQ) of the assignment	to the	!		Legal Name of Business Receiving Paym Legal Name of Business Receiving Paymen				
payments not to exceed \$ 145,0	00.00	(C	one hundred forty-five thousand	No hundred No			
dollars and No cents) for reimbu	ırseme	nt of the	e eligibl	e costs of purchases from the Assignee	e under the			
contract executed between				Grantee	and the TCEQ for award of			
				Name on Grant Contract)	_			
an Emissions Reduction Incentive Grant. Upon o				required reimbursement forms and oth	ner			
reporting forms, please forward the payments to	o the A	ssignee.		ACCIONET (D. d. c.				
GRANT RECIPIENT				ASSIGNEE (Busines	s Receiving Payment)			
<u>Signature</u>		<u>Date</u>		<u>Signature</u>	<u>Date</u>			
Printed Name and Title	n)				horized Representive of the Business			
(must be a person authorized in the grant application Printed Name and Title of Person Authorized in the		Applicati	on	Receiving the Payment Printed Name and Title of Auth	orized Representative			
	<u> </u>				onzea nepresentative			
		CERTII	FICATIC	ON STATEMENT				
I certify to the best of my knowledge and belief					-			
Summaries, are correct and complete, and that	all outl	ays and	unliqui	dated obligations are for the purposes	set forth in the award document.			
Grant Recipient Signature:								
				Date:				
Printed Name and Title	n)			Telephone Number: ()				
(must be a person authorized in the grant application Printed Name and Title of Person Authorized in G		plication		relephone Number. ()				
		RE	LEASE	OF CLAIMS				
(If this is the FINAL request for reimbursement, sign the release of claims below.)								
Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and								
its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.								
(SIGN THIS SECTION IF THIS IS THE FINAL PAYMENT REQUEST AND BOX 1 IS CHECKED YES)								
Grant Recipient Signature:								
(must be signed if this is a final request)								



APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

-11	• Se	e instructions on back		
1.	is t	his a new account? YES Mail Code 000 NO Ent Complete Sections 1 - 5 Complete Sec	ter Mail Code Line	Agency number
SECTION 1		TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number 1 - Employer Identification Number (EIN) 2 - Social Security number (SSN) 3 - Comptroller's assigned number (FOR STATE AGENCY UNDICATE AGENC	nter the number indicat ISE ONLY) uch as sales tax or frai	ed
		EE INFORMATION (Please type or print) Name of payee (Individual or business to be paid)		
	5,	Mailing address where you want to receive payments		
N 2	6.	(Optional)	-	
SECTION 2	7.	(Optional)	:	
		(Optional) ,		
	9.	City State ZIP (
	10.	Payee telephone number ()	SIC code	Security Zone type code (0, 1, 2)
SECTION 3	11.	OWNERSHIP CODES - Check only one code by the appropriate own I - Individual Recipient (not owning a business) S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name SSN P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name SSN/EIN N- Other: If checked, explain.	L - Texas Limite If checked, Texas File N T - Texas Corpo If checked, Texas File N A - Professiona If checked, Texas File N C - Professiona If checked, Texas File N C - Professiona If checked, Texas File N C - State agence F - Financial Ins	ad Partnership: enter the lumber pration: enter the lumber I Association: enter the lumber I Corporation: enter the lumber I Corporation tal Entity y / University estitution
SECTION 4	12.	Payment Assignment? YES NO Note: A copy of the Assignee name Assignee TIN	he assignment agreem Assignment c	ent between payees must be attached.
2	13.	Comments		
SECTION	14.	sign here Authorized signature (Applicant or authorized agent)	4	Date
SE	15.	Agency name	Prepared by	Phone (Area code and number)

For Comptroller's use only

	Comproher of Public Accounts FORM	AP-152 (Rev.8-09/13) AP 152 FORM	SAMPLE For Comptroller's use only					
AP	APPLICATION FOR TEXAS IDENTIFICATION NUMBER							
ᆚ		USE THIS FORM IF YOU WANT THE TCEQ TO PA	Y YOUR VENDOR OR FINANCING COMPANY					
1	. Ist	his a new account? YES Mail Code 000 NO Ente Complete Sections 1 - 5 Complete Secti	er Mail Code Agency number ions 1, 2 & 5					
SECTION 1		TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number 1 - Employer Identification Number (EIN) 2 - Social Security number (SSN) 3 - Comptroller's assigned number (FOR STATE AGENCY US) Are you currently reporting any Texas tax to the Comptroller's office sur	ter the number indicated Grantee's SSN/FEI# (per appliction) SE ONLY) ch as sales tax or franchise tax?					
		EE INFORMATION (Please type or print)						
	4.	Name of payee (Individual or busine LEGAL NAME of the BUSINESS R	ECEIVING PAYMENT					
	5.	Mailing address where you want to Assignee for: (GRANTEE'S NAME	ON THE CONTRACT)					
N 2	6.	(Optional) MAILING Address Where Paym	ent Is to be Mailed					
SECTION	7.	(Optional)						
S	8.	(Optional)						
	9.	City City TX ZIP	Zip Code					
	10.	Payee telephone number (Area code and number)	SIC Security Zone code type code (0, 1, 2) code					
-	11.	OWNERSHIP CODES - Check only one code by the appropriate owne						
		☐ I - Individual Recipient (not owning a business)	L - Texas Limited Partnership: If checked, enter the Texas File Number					
		S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name	☐ T - Texas Corporation: If checked, enter the Texas File Number					
3		SSN 2	A - Professional Association: If checked, enter the Texas File Number					
SECTION		P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number	C - Professional Corporation: If checked, enter the Texas File Number					
		(EIN).	O- Out-of-State Corporation					
		Name	☐ G- Governmental Entity					
		SSN/EIN	☐ U- State agency / University					
		Name	☐ F - Financial Institution					
		SSN/EIN , , , , , , , , , , , , , , , , , , ,	R- Foreign (out of U.S.A.)					
		□ N- Other: If checked, explain						
4 N	12.	Payment Assignment? TYES NO Note: A copy of the	assignment agreement between payees must be attached.					
SECTION 4		Assignee name LEGAL NAME of the BUSINESS RECEIVIN	G PAYMENT					
SE		Assignee TIN FEI # of BUSINESS REC'G PYMT	Assignment date Date					
2	13.	Comments						
SECTION	14.	Sign Signed by Grantee (or Authorized Signer in the Chere)	Contract Date Date Signed by Grantee					
SE	15.	Agency name	Prepared by Phone (Area code and number)					

You may complete this form on the computer by going to <www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf>
NOTE: ONLY THOSE BOXES WITH ENTRIES IN THEM NEED BE COMPLETED

FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

	A FORM 2a WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES								
	CONTRACT NUMBER	GRANT RECIPIENT NA	ME		L REQUEST ACTIVITY	ACTIVITY NUMBER			
				Yes	No				
1. AI	PPROVED GRANT AMOUNT FOR THE	S ACTIVITY FROM APPLICATION		<u> </u>	\$				
2. A	CTUAL INCREMENTAL COST CALCUL	ATION: (Formula A + B – C = D and D ×	: 0.80 = E)						
	Capital Cost / Equipment Purchase:	s, registration, and other normal costs, but No	·	loan	\$				
В.	Other / Global Positioning Systems (GI	PS): Purchase and Installation are optional.				(+ ADD)			
	Enter the cost to purchase and install the and maintenance charges may not be in contracted to the TCEQ.		(– SUBTRACT)						
c.	Scrappage value or the value received	\$							
	The TCEQ will use a default scrap value in the contract. Enter \$1,000 in this box	of \$1,000 for on-road and off-road equipmer a.	nt as stipulated			1,000.00 in this box)			
D.		sistance to be used for the purchase or lease reduced by the value of any other financial ir			\$,			
	including tax credits or deductions, other	er grants, or any other public financial assista	ince.						
					(A	+ B - C - D = E)			
E.	Incremental Cost (A + B - C - D = E)				\$				
	multiply incremental cost by 80%				4	(× 0.80)			
F.	ELIGIBLE REPLACEMENT PROJECT COST	rs for this activity			\$				
3. A	MOUNT REQUESTED FOR THIS ACTI	VITY (enter the lesser amount from Line	e 1 or Line 2F)		\$				
finan	cing agreement copies, and UCC1 stater	ovoices, delivery receipts, proof of payment ments (reference Article 7.9 of the Contract OU HAVE SUBMITTED THE REQUIRED DOCU	General Conditions for d), executed (sig	ned) lease or			
		owing documentation items that you are su	bmitting with this reque	st of reim	bursement				
	Purchase Documentation	Payment Documentation	<u>on</u>		Financial Docu	mentation			
	Invoice(s)	Copies of Canceled Checks	S		Financial Agreement				
	Bill of Sale (Sales Contract)	Wire Transfer			Lease Agree	ment			
	FINANCING OR LEASE TERMS FOR I	REPLACEMENT VEHICLE (Method of fina	ncing or lease terms fo	r replace	ment vehicle,	CHECK ONE)			
	Purchase: Cash Purchase Regular Financing Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase. Lease: Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract								
	Explain the terms of the agre	ement, including amount financed, the	length (months), and	amount p	per payment	below:			
Note:	Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.								
	Enter below the information about the NEW vehicle or equipment and engine purchased.								
Ec	uipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumer found on engine S/N p			hicle or equipment d in service			

SAMPLE FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

	A FORM 2a WILL N	NEED TO BE COMPLETED FOR EACH ACTI	IVITY IF THERE ARE MU	JLTIPLE	ACTI	VITIES			
	CONTRACT NUMBER	GRANT RECIPIENT NAI	ME	Fina	Requ Activ	est This	S	ACTIVITY NUMBER	
	582-11-XXXXX-XXXX	GRANTEE NAME as on the	e Contract	Yes	X	No		001	
1. AF	PROVED GRANT AMOUNT FOR THIS	S ACTIVITY FROM APPLICATION				\$		75,000.00	
2. A	CTUAL INCREMENTAL COST CALCUL	ATION: (Formula A + B - C = D and D ×	< 0.80 = E)		-				
A.	Capital Cost / Equipment Purchase: Enter the invoiced price (including taxes application fees, application assistance	s, registration, and other normal costs, but NO costs, or consulting fees).	OT any interest expense, I	loan		\$		125,000.00 (+ ADD)	
В.	Enter the cost to purchase and install th	PS): Purchase and Installation are optional. he GPS to track and log the location and use o ncluded. The GPS unit must have been purcha						(+ ADD)	
	contracted to the TCEQ.	·	•		ı		(-	- SUBTRACT)	
C.	Scrappage value or the value received	for the old vehicle or equipment being repla	aced:		L	\$		1,000.00	
	The TCEQ will use a default scrap value in the contract. Enter \$1,000 in this box	of \$1,000 for on-road and off-road equipments.	nt as stipulated			(Ent		,000.00 in this box) - SUBTRACT)	
D.	List the value of any other financial ass	sistance to be used for the purchase or lease	e, and explain			\$		-	
		reduced by the value of any other financial in							
	including tax credits or deductions, othe	er grants, or any other public financial assista	ince.						
							(A +	B – C – D = E)	
E.	Incremental Cost (A + B - C - D = E)					\$		124,000.00	
	multiply incremental cost by 80%							(× 0.80)	
F.	ELIGIBLE REPLACEMENT PROJECT COST	'S FOR THIS ACTIVITY			L	\$		99,200.00	
3. A	MOUNT REQUESTED FOR THIS ACTIV	VITY (enter the lesser amount from Line	e 1 or Line 2F)			\$		75,000.00	
agreei	ment copies, and UCC1 statements (referen	oices, delivery receipts, proof of payment (cancel ice Article 7.9 of the Contract General Conditions HAVE SUBMITTED THE REQUIRED DOCUMENTAT	s for details).), execute	ed (sig	ned) lea	se or	financing	
		lowing documentation items that you are su		st of rei					
	Purchase Documentation	Payment Documentation Copies of Canceled Checks	l l	Х				nentation eement	
Invoice(s) Copies of Canceled Checks X Bill of Sale (Sales Contract) Wire Transfer							Financial Agreement Lease Agreement		
		OR REPLACEMENT VEHICLE (Method of finar	ncing or lease terms for re	eplacem					
	FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE) Purchase: Cash Purchase Regular Financing Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase. Lease: Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract								
	Explain the terms of the agre	eement, including amount financed, the	length (months), and	amoun	t per	payme	nt k	elow:	
		anced \$50,000.00 for 48 months with payme e signed loan is attached. Grant payment is a			rship.				
	Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.								
	Enter below th	he information about the NEW vehicle o	or equipment and engi	ne purc	hase	d.			
Eq	uipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumer found on engine S/N p		Da			icle or equipment I in service	
Equi	, pment Manufacturer, pment Model Number, or S/N	Year, Engine Manufacturer, Engine Model Number, Engine S/N	Example Forma 1(#) 4(Alpha) 4(#) 3 (A		(Fi		e eq	/DD/YR juipment is used work)	

Form 2b: REPOWER ACTIVITY—Detailed Expense Summary

A FORM 2b WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES						
CONTRACT NUMBER		GRANT-RECIPIENT NAME		IAL REQUEST	ACTIVITY	
				IIS ACTIVITY	NUMBER	
			Yes	No		
1. APPROVED GRANT AMOUNT FOR T	HIS ACTIVIT	Y FROM APPLICATION				
2. ACTUAL INCREMENTAL COST CALCU	ULATION					
	lowing list ident	ifies the reimbursable and non-reimbursable costs to assist in com		ection below.		
 <u>Reimbursable Expenses:</u> Costs that may be reimbursed, subject to approval by 	the TCEO, inclu	Non-Reimbursable Expense: 1. Expenses for in-house la		d.		
Invoice cost of the new engine, including sales tax		arges. 2. Expenses not directly rel	ated to the p		lation of the new engine.	
Invoice cost of additional parts directly needed to Installation costs, including cost to remove and di				or repair costs.		
Reengineering costs, if the vehicle or equipment r					ees.	
		ales receipts should total to the amounts entered on Lines A				
A. Capital cost of engine:	ver must be co	mpleted and the vehicle placed back in service before reimb	ursement c	an be requested		
	wengine incl	uding taxes, duty, protective in-transit insurance, and	reight cha	irges No		
loan fees, interest, consultant ch	-		reignt end	ii 603. 140	\$ -	
					(+ ADD)	
III		of additional parts installed on engine with an acquisition	n cost of \$	\$5,000 or	\$ -	
more and necessary for the comp	pletion of the	e repower.			(+ ADD)	
3. INSTALLATION—Installation co	osts, includin	g the cost to remove and dispose of the old engine. In	stallation o	costs may		
II -		e new engine to fit. Technical design, testing, and other	engineeri	ng services	\$ -	
required as part of the installatio	n work shou	ld also be listed in this category.				
4. PARTS AND SUPPLIES—Invoice	ed cost of m	aterials not included as part of the engine with an acqu	isition cos	t of less	(+ ADD)	
than \$5,000 per item that are ne					\$ -	
					(+ ADD)	
B. Other: global positioning system (GPS)	-	ind installation are optional. I the GPS to track and log the location and use of the v	ehicle Ond	gning		
II ·		of the GFS to track and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and use of the vortice and log the location and lo			\$ -	
authorized and contracted to the	e TCEQ.				(– SUBTRACT)	
C. Scrappage value or value received for the	he old engine	e being replaced:				
II	_	quest that does not list a reasonable value for the old	ngine.		\$ -	
D. Linkaha undur of annunkhan financial annu		to add to a contrat outstand the constraint			(– SUBTRACT)	
D. List the value of any other financial ass		ved to assist with this project. y other financial incentives received including any tax credits, discou	nts other gr	ants or any	\$ -	
		the sources of any incentives on an attached sheet.	into, ourier gre	ants, or any	(A1 + A2 + A3 + A4 + B - C - D = E)	
E. ACTUAL INCREMENTAL COST FOR THIS	ACTIVITY	(A1 + A2 + A3 + A4 + B - C - D = E)			\$ -	
3. REIMBURSEMENT AMOUNT REQUE	STFD (lesse	er of Line 1 or Line 2F)			\$ -	
		livery receipts, proof of payment (canceled checks or ticle 7.9 of the contract general conditions for details		ters), executed	l (signed) lease or financing	
• •		SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the f	ollowing do	cumentation items that you are submitting with	this requ	est for reimb	ursement.	
Purchase Documentation		Payment Documentation			ial Documentation	
Invoice(s)		Copies of Canceled Checks		Financial Agree		
Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreeme	ent	
5. Enter below the information about the NEW engine purchased:						
Engine manufacturer, model year, Engine test group (family code) Date <u>NEW</u> engine				The new engine has been installed and is in operational		
model, and serial number		12-digit alphanumeric, found on engine S/N Plate	place	ed into service	condition (Yes / No)	

SAMPLE Form 2b: REPOWER ACTIVITY—Detailed Expense Summary

A FORM 2b V	VILL NEED	TO BE COMPLETED FOR EACH ACTIV	TY IF THERE A	ARE MULTIPLE ACTIVITIE	:S			
CONTRACT NUMBER	CONTRACT NUMBER GRANT RECIPIENT NAME FINAL REQUEST THIS ACTIVITY							
582-11-XXXXX-XXXX		GRANTEE NAME as on the Contra	ct	Yes X No	NUMBER 002			
1. APPROVED GRANT AMOUNT FOR TH	IIS ACTIVIT	Y FROM APPLICATION			\$ 75,000.00			
2. ACTUAL INCREMENTAL COST CALCU					ψ //σ/σσισσ			
	-	ifies the reimbursable and non-reimbursable cost	s to assist in comp	leting the section below.				
Invoice cost of the new engine, including sales tax Invoice cost of additional parts directly needed to Installation costs, including cost to remove and dis Re-engineering costs, if the vehicle or equipment removed.	Reimbursable Expenses: osts that may be reimbursed, subject to approval by the TCEQ, include: 1. Invoice cost of the new engine, including sales tax and delivery charges. 2. Invoice cost of the new engine, including readed to install the new engine. 3. Ancillary repair and rebuild costs. 4. Long-term operational, maintenance, or repair costs. 4. Re-engineering costs, if the vehicle or equipment must be modified for the new engine. The final invoices or sales receipts should total to the amounts entered on Lines A1, A2, A3, A4, and B below.							
•	er must be co	mpleted and the vehicle placed back in servi	ce before reimbu	rsement can be requested.				
A. Capital cost of engine: 1. ENGINE—Invoiced cost of new loan fees, interest, consultant cha	-	uding taxes, duty, protective in-transit ir ncing costs.	surance, and fr	reight charges. No	\$ 42,000.00			
2. ADDITIONAL EQUIPMENT—Inv more and necessary for the comp		f additional parts installed on engine wit repower.	h an acquisitio	n cost of \$5,000 or	(+ ADD) 7,500.00 (+ ADD)			
	hicle for the	g the cost to remove and dispose of the new engine to fit. Technical design, test d also be listed in this category.	-	·	\$ 25,000.00			
4. PARTS AND SUPPLIES—Invoice than \$5,000 per item that are nec		aterials not included as part of the engin ne repower.	e with an acqui	isition cost of less	\$ 500.00 (+ ADD)			
III	se and instal rges may no	and installation are optional. I the GPS to track and log the location ar t be included. The GPS unit must have b			(SUDTRACT)			
C. Scrappage value or value received for th The TCEQ will not accept a reimbo	_	being replaced: quest that does not list a reasonable valu	ie for the old ei	ngine.	(- SUBTRACT) \$ 5,000.00 (- SUBTRACT)			
D. List the value of any other financial assi	stance recei	ved to assist with this project.			\$ -			
1		y other financial incentives received including any he sources of any incentives on an attached sheet.	ax credits, discoun	its, other grants, or any	(A1 + A2 + A3 + A4 + B - C - D = E)			
E. ACTUAL INCREMENTAL COST FOR THIS		(A1 + A2 + A3 + A4 + B - C - D = E)			\$ 70,000.00			
3. REIMBURSEMENT AMOUNT REQUE	STED (lesse	r of Line 1 or Line 2E)			\$ 70,000.00			
4. DOCUMENTATION: Attach bills of sale, i agreement copies, and UCC1 statements (r A PAYMENT CANNOT BE PROCESSED UNTIL	eference Ar	ticle 7.9 of the Contract General Conditi	ons for details)		igned) lease or financing			
	e following	documentation items that you are subn	itting with this	•				
Purchase Documentation X Invoice(s)		Payment Documentation Copies of Canceled Checks		Financial Financial Agreem	<u>Documentation</u> ent			
Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreement				
	5. Ente	r below the information about the N	IEW engine p	urchased:				
Engine manufacturer, model yea model, and serial number	r,	Engine test group (family Co 12-digit alphanumeric, found on engi		Date <u>NEW</u> engine placed into service	The new engine has been installed and is in operational condition (Yes / No)			
Year of Engine Engine Manufacturer Engine Model Year Engine S/N		Sample Format of Digits in EPA 1(#) 4(Alpha) 4(#) 3(Alpha		MM/DD/YR (date equipment is returned to work)	YES			